

24 July 2017



NORWOOD MORIALTA
HIGH SCHOOL

Dear Parent/Caregiver

**RE: Year 9 Humanities Excursion
Making the Modern World: 1750 - 1918**

As part of the year 9 Humanities curriculum, your child's Humanities class will take part in an excursion to The Migration Museum, the Art Gallery and the Museum of South Australia. During this excursion students will be applying in-class knowledge in a practical setting.

On **Friday 11 August**, students will check in with PLG teacher before meeting at the front of the school at **8:30am** to catch the bus to the city. They will need to bring a water bottle, recess and a packed lunch. Students will return back to school at approximately 2.30pm.

As part of our visit students will learn about the role of migration in the development of South Australia and the evolution of Australia as a democratic country. We will also look at the significance of the indigenous communities of South Australia and how they functioned before the arrival of Europeans to the continent.

Students are required to wear the correct school uniform, ensuring to bring a jumper in cooler conditions or a hat and sunscreen in warmer conditions.

The excursion will **cost \$18** which will cover all transport and entry fees. We ask that students return the consent form signed, and the payment to the Pay Station no later than the Wednesday 9 August.

If you have any concerns regarding this excursion, please ring me at school on 8365 0455.

Yours sincerely

James Champ
Humanities Teacher

Jacqui van Ruiten
Principal

Reply Slip: Year 9 Humanities Excursion - Making the Modern World: 1750 - 1918

Please complete and return to Mr James Champ by Friday 9 August.

Student's name: PLG:

I am aware that this excursion bears a cost of \$18 covering transport and entry fee. My written permission for my child to attend is also an agreement to pay.

Parent/Caregiver Name:.....Date:.....

Parent/Caregiver Signature:

MIDDLE CAMPUS
Morialta Road West
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ENRICHING HUMANITY





CONSENT FORM FOR EXCURSION

(Both sides of this form must be completed and returned to the teacher in charge of the excursion)

*Please use block letters when filling out this form

As a parent/caregiver of:

STUDENT'S NAME		PLG	
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I:

PARENT/GUARDIAN NAME	
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give my consent for him/her to participate in:

NAME OF ACTIVITY	Humanities Excursion
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at/on:

LOCATION	The Migration Museum, Museum of South Australia and the Art Gallery of South Australia	DATE OF ACTIVITY	11/08/2016
MODE OF TRANSPORT	Private Bus	DEPARTURE TIME	8:30 am
		EST RETURN	3:10pm

If the excursion is not for the full day, the students will be expected to attend normal lessons for the remaining part of the school day. They will need to bring necessary materials and be in school uniform for lessons.

Details of planned activities, transport arrangements and supervising teachers/instructors are provided on the reverse of this page.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually. I understand that all school rules, especially regarding tobacco use and general behaviour, apply while on excursion.
- I agree to the transport arrangements as detailed on the reverse of this page.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have also submitted health care information, including details of any relevant medical or physical limitations he/she has. I also consent to my child's doctor being contacted in an emergency.
- I understand that all students are required to wear school uniform while representing the school.
- The information given is accurate to the best of my knowledge.

Signed: _____

Date: / /

Emergency Contacts

Parent/Caregiver

NAME			
ADDRESS			
		POSTCODE	
HOME TELEPHONE		WORK TELEPHONE	
		ALTERNATIVE TELEPHONE	

Family Doctor or Medical Clinic

NAME	
TELEPHONE	

DETAILS OF EXCURSION

If transport is by private car provided by a staff member

NAME OF OWNER			
NAME OF DRIVER			
MAKE OF CAR		REGISTRATION #	
NAMES OF ALL STUDENTS BEING TRANSPORTED IN THIS CAR			
OWNER DECLARATION	<p>I, the owner of the above vehicle, give permission for the students named above to travel in my car. I am aware that I can not accept payment from the passengers for this excursion. I declare that the car is fully registered, is covered by a comprehensive insurance policy, is in a roadworthy condition and is fitted with sufficient seat belts for all passengers. I understand that the School Governing Council, Principal and / or DECD will not be liable for any damage to the vehicle, or injury to the passengers or driver in the event of an accident. I guarantee that the driver is the holder of a current, full driver's license that is of the applicable class for this vehicle.</p> <p>OWNER: _____ DRIVER: _____ DATE: _____ (If different from owner)</p>		

COSTS TO STUDENT This is to be paid into the pay station by _____ am / pm _____ (date)

TRANSPORT	\$13	ENTRANCE FEE	\$5
FOOD	NA		
TOTAL COST			

ANY FURTHER EXPENSES THAT MAY REQUIRE THE STUDENT TO BRING MONEY ON THE EXCURSION.	If student wish they are permitted to purchase lunch on the excursion
ANY ADDITIONAL EQUIPMENT OR CLOTHING REQUIRED. NB: Students are required to wear school uniform.	

HEALTHCARE INFORMATION

*Any health care information given will not prevent your child participating unless further medical advice warrants exclusion. The health care information you supply to the school will be treated confidentially by the school. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any student health care problems.

Does the student have any medical condition or other healthcare concern?		Yes	No
If yes, give details			
Are you aware of any medical / healthcare emergency that could arise?		Yes	No
Type of emergency and how to recognise it			
Avoidance precautions			
Emergency treatment			
Does the student take any prescribed medication, including inhalers?		Yes	No
If "Yes", what medication?		Does the student carry own medication?	Yes / No
Dose, when and how often taken			
Side effects?			
Do you have Ambulance Subscription?		Yes	No
If "Yes", which fund?			